



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.

www.consumer.sc.gov

(803) 734-4200

Street Address

2221 Devine St. Suite 200
Columbia, SC 29205

**CROSS GUARANTEE FORM
FOR
PROFESSIONAL EMPLOYER ORGANIZATION
GROUP LICENSE**

Pursuant to the provisions of South Carolina Code § 40-68-80, the undersigned controlling persons, as members of the applicant professional employer organization group, hereby unconditionally guarantee and promise to pay any and all obligations of each other member of the group.

Primary Company Name: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Second Company Name: _____

Controlling Person - Signature

Controlling Person - Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires:

Third Company Name: _____

Controlling Person - Signature _____

Controlling Person - Type or Print your name and Title _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: _____

Fourth Company Name: _____

Controlling Person - Signature _____

Controlling Person - Type or Print your name and Title _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: _____

Fifth Company Name: _____

Controlling Person - Signature _____

Controlling Person - Type or Print your name and Title _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

(SEAL)

Notary Public For _____

My Commission Expires: _____